

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/937539

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
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TOTAL IND.	1	↓	6	↓
TOTAL DEP.	10	↔	8	↔
TOTAL CLAIMS	11	[REDACTED]	9	[REDACTED]

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	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓
TOTAL DEP.		↔		↔
TOTAL CLAIMS		[REDACTED]		[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY